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APPLICANTS  
  
Charles Abraham, San Jose, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 09/861,086 05/18/2001 PAT 6,606,346 *OK! DIT*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE! DIT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\* *OK!*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>			

ADDRESS  
 MOSER, PATTERSON & SHERIDAN LLP  
 Attorneys At Law  
 Suite 100  
 595 Shrewsbury Avenue  
 Shrewsbury, NJ  
 07702

TITLE  
 METHOD AND APPARATUS FOR PERFORMING SIGNAL CORRELATION

FILING FEE  RECEIVED 519	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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